



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

November 18, 2011

Mr. Bruce Bodemer, Administrator  
Centers For Living And Rehab  
160 Hospital Drive  
Bennington, VT 05201

Provider #: 475029

Dear Mr. Bodemer:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **October 12, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

NOV 07 2011

PRINTED: 10/27/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475029</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/12/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CENTERS FOR LIVING AND REHAB</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 HOSPITAL DRIVE</b> <b>BENNINGTON, VT 05201</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 282 SS=D	<p>An unannounced, on-site complaint investigation was completed on 10/12/11 by the Division of Licensing and Protection. The following are regulatory violations.</p> <p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement the care plan for Resident #1 regarding notifying the physician (MD) of continuing pain issues and regarding accurate completion of skin assessments. The findings include:</p> <p>1. Per review of the care plan for Comfort, Alteration in pain updated on 6/13/11, it states: the nurses administer pain medications as ordered, monitor/record medication effectiveness, notify physician PRN (as needed). Per record review on 9/28/11, the nurses documented in the nurses' notes, Resident #1 was "lowered to floor" at 8:10 PM when the loop on the sling used to transfer the resident using the Stand-Lift became dislodged and staff lowered resident to floor. Resident #1 was assessed and no injuries were noted at this time. On 9/29/11 the nurses' notes state Resident #1 had "tenderness left lateral lower rib cage area, noted with area of petechiae (small red markings) on the right posterior rib</p>			F 282	<p><b>F282</b> - Resident #1 continues to complain of discomfort of the left lateral posterior rib cage and back. He has been examined and evaluated by his M.D. and receives Tylenol 650mg po Q4hoursPRN with adequate relief of the pain. Alternate modalities to relieve his pain have all been refused by the resident.</p> <p>Resident chart review has revealed that the 2 residents with new pain &gt;24 hours had their MD notified in a timely manner.</p> <p>Twenty-four hour report will be reviewed by the unit manager/designee on a daily basis. Any resident found to have new pain &gt;24 hours duration without notification to MD will be reported to the charge nurse/designee. Charge nurse/designee will notify MD that day of the resident's new pain. Unit manager/designee will be responsible for follow up with the charge nurse/designee by the end of each shift to assure MD was notified.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 cage." Resident #1 was given a routine scheduled Tylenol at 8:00 AM for "pain at the left lateral lower rib cage" and another "as needed" dose of Tylenol was given to resident at 11:45 AM for "pain at the left lateral lower rib cage." Per review of the nurses' notes, this occurred again on 9/30, 10/3, 10/4, and 10/5. Each time the resident was noted to have "tenderness left lateral lower rib cage area, noted with area of petechiae on the right posterior rib cage" was and treated with Tylenol for pain. There was no evidence that the MD was notified of continued pain issues from 9/30/11 to 10/5/11 as instructed on the care plan until 10/6/11. On 10/6/11 nurses' notes stated, MD notified, resident sustained a back injury about a week ago, this nurse just notified. The resident is still complaining of pain in [his/her] back and asking for PRN (as needed) Tylenol... Concern is that [he/she] is having persistent and increasing low back pain since the incident." An order was obtained to transport resident for X-rays.  Per interview with the Unit Manager (UM) on 10/12/11 at 12:22 PM, he/she confirmed that the there was no documentation in the nurses' notes that the physician was notified of repeated complaints of "tenderness left lateral lower rib cage area, noted with area of petechiae on the right posterior rib cage" until 10/6/11. The UM confirmed that his/her expectation of staff is that the physician be notified of pain concerns. Per interview with the Director of Nursing Services (DNS) on 10/12/11 at 12:53 PM, he/she confirmed that there was no documentation in the nurses notes that the physician was notified of repeated complaints of "tenderness left lateral lower rib cage area, noted with area of petechiae	F 282	If new MD orders are received, they will be instituted as ordered.  <del>Audits will be conducted weekly and reported at the monthly Quality meeting for the next three months.</del>  11/8/11 Amended Response per phone call with Marianne Culihan, RN Surveyor: 11/8/11 PRN: AIT  Audits will be conducted weekly by the unit manager/designee with a copy to the DNS. DNS will report at the monthly Quality Meeting for the next three months.  F282 POC accepted 11/9/11 M Culihan RN / P. Mottorn

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F 282	<p>Continued From page 2</p> <p>on the right posterior rib cage." until 10/6/11. The DNS confirmed that his/her expectation of staff is that complaints of pain greater than 24 hours need to be called to the physician and interventions are needed.</p> <p>2. Per review of the plan of care for Impaired Skin Integrity updated on 6/13/11, it states the LNA's (Licensed Nursing Assistants) are to look at Resident #1's skin and feet everyday and report problems to the nurse. On 10/6/11, a hematoma was discovered by staff that, per staff interview, appeared to have been present for a period of time. On 9/28/11 during review of the nurses' notes, daily assessments of the resident's skin were done twice daily on the days and evening shifts by the nurses on 9/28, 9/29, 9/30, 10/02, 10/03, 10/04, and 10/05. It was documented that no new issues were noted during the skin assessments. Review of the Licence Nurses Aides (LNA) daily documentation, it indicates that the LNA's are to "look at residents skin and feet everyday and report problems to the nurse". It was noted that the LNA's signed twice daily from 9/28 to 10/6/11 that the residents skin was checked. Review of the nurses notes showed that there was no evidence that there were any skin issues identified by a LNA and reported to the nurse. On 10/6/11 the nurses notes state that, resident still complaining of pain in his/her back, area assessed by nurse and a hematoma (bruise) was noted that measured approximately 6 inches long and 2-3 inches wide in the middle of the residents lower back extending downward to his/her buttocks</p> <p>The UM confirmed on 10/12/11 at 12:22 PM that there was no documentation within the medical</p>			F 282	<p>Resident # 1's skin has healed nicely.</p> <p>Residents who have fallen in the last 7 days will have their skin checked daily for seven days by the unit manager/designee. Any skin issues will be reported to the MD with follow up as needed.</p> <p>Reports of residents who fall or are lowered to the floor will have a skin check done by the unit manager/designee for seven days in a row following the fall. Any skin issues that arise will be reported to the MD on the day it is found. Charting will be done per CLR policy.</p> <p>Unit manager/designee will report to Quality meeting monthly the results of their skin checks and any issues found. This will be reported for the next 3 months.</p> <p>F282 POC accepted 11/9/11 mculhaney/pmcotter</p>		11/06/11

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F 282	Continued From page 3 record identifying a hematoma until 10/6/11. The UM confirmed that the nurses documented and the LNA's signed that skin assessments and skin observations were completed daily on days and evenings and there was no documentation of any skin issues. The UM confirmed that the hematoma had not just occurred on 10/6/11. The DNS confirmed on 10/12/11 at 12:53 PM that he/she had observed the hematoma on 10/6/11 and at that time he/she observed the hematoma to be greenish yellow and black and this indicated to him/her that the hematoma was not new that it had been present for awhile. The DNS confirmed that the documentation done by the inures and aides did not indicate any issues with the resident's skin and did not reflect any mention of a hematoma to the residents back	F 282			

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